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DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R.N.

The following summary shows what has been accomplished in a town of 8000 since May, 1917, when the first public health nurse ever employed there went on duty:

1. Physicians are to report reportable diseases to the State Board of Health. (They were not reporting cases to anyone.)
2. A board of health has been organized, consisting of the health officer, five representative men, and the public health nurse.
3. A bond issue of \$50,000 to complete a sewerage system will be put to the vote of the people.
4. An ordinance has been passed requiring property owners to make dry closets fly-proof and of an approved model.
5. An ordinance has been passed requiring all houses with contagious diseases to be placarded with the name of the disease and a notice to the milkman that he leave no bottles.
6. Money has been appropriated by the city for typhoid vaccine for all unable to buy it. About 300 doses given by the nurse have been paid for by the city.
7. The Assistant State Health Commissioner made two surveys of the town during a typhoid outbreak, gave a talk to the Chamber of Commerce, the Civic League and the City Council. Arrangements were made for these talks by the nurse. The health officer came each time by request of the nurse and stated in his talks to the people that he would have known nothing of the typhoid outbreak had it not been for her.
8. The school board, after much persuasion, was induced to pay the cost of a nurse for two hours daily in the schools.
9. There was a free physical examination day during Tuberculosis Week, all physicians in town taking part.
10. The physicians gave talks on Tuberculosis in all schools during tuberculosis week.
11. The ministers all made remarks or preached on Tuberculosis on December 2, 1917. (This is the first time there has ever been any note taken of Tuberculosis Week.)
12. The physicians having had their attention called to the school children by giving their talks, have volunteered to do school inspection in all the public schools, each one doing his part. There are about 1600 school children.

WISCONSIN—The Anti-Tuberculosis Association began, on November 1, a four months' course in public health nursing to senior nurses, under the direction of Stella Fuller, who succeeded Katherine Olmsted, now with the Rockefeller Commission in Roumania. Six senior nurses are taking the course. No charge is being made and it is hoped that a larger class will sign for the course opening March 1st. A limited number of scholarships is offered. The usual six weeks' course for public health nurses will be repeated next summer. A special weekly bulletin is issued by the association to the public health nurses throughout Wisconsin. If nothing else were done (and we know that a great deal is being done), to keep the public health nurses interested in their work and in each other, and to prevent them from acquiring that sense of isolation which eventually kills all good work anywhere, this bulletin would be more than worth while. It is full of items of interest about nurses already in the field, references to recent literature of value to public health nurses, and gives announcements of meetings to come and reports of meetings held. One item of particular interest to all public health nurses, in the bulletin for January 1, tells about records:

At the Public Health Nurses' Round Table held at Muirdale in connection with our annual meeting in November, there was considerable discussion relative to a better method of keeping records in small town and country work. Since that time this Association has written to many nurses concerning a card which might be used for both school work and home work. Among others we have examined the records of the Red Cross Town and Country Nursing Service and find they use a Pupils' Record Card, blue, and 5 x 8, which corresponds to our physical examination card, which is white, and 6 x 10. They also use a Household Card, pink in color, and of the same size as the blue. This Household Card is filled out in all cases visited more than three times. It covers practically all that is included in the 5 x 8 card which most Wisconsin nurses are now using. There is a white Individual Card of the regulation size used in cases of bedside care. This is not necessary when the Mead and Wheeler Card is used. Everything considered, we find that our school record, used with the Mead and Wheeler card when necessary, is as efficient and simple as any in use at the present time. However, our Physical Examination record, which is 6 x 10, should be 5 x 8. The 6 x 10 cards are not convenient for ordinary files.

Records are still far from standardized; in fact, we sometimes wonder if there is anything much more fluid than the much-talked-of "standardized" record. Nevertheless, it is helpful to know that we all want a workable, practical and simple record and that we are all striving to help each other get one.

VIRGINIA—February 1st sees the opening of the second course of the Richmond School of Social Economics, which has recently changed its name to The School of Social Work and Public Health. A four months' course is being offered and the school is particularly anxious

to attract southern nurses to it. Northern nurses sometimes wonder if the desire for southern nurses in the south isn't simply a misnomer, as the desire for country nurses in the country is. Any good nurse ought to be able to adapt herself to any kind of community service if she has had the proper preparation for it. Northern nurses ought not be absolute misfits in the south, any more than the city-bred nurse is a positive misfit in the country, and yet the fact remains that northern nurses don't always succeed in the south and southern nurses are not very rapidly availing themselves of opportunities for service in the public health field. This seems to be a peculiarly southern problem and it is up to the southern nurse to prove herself better than her northern sister, and thereby more acceptable to her home neighborhoods, or the northern nurses will inevitably drift south and prove some day the fallacy of the old belief that northern nurses can't accomplish good work in southern communities. This is a splendid course which is being offered in Richmond; although this notice is a bit late, perhaps, in reaching southern nurses, they should not fail to avail themselves of it.

LETHBRIDGE, Alberta, Canada, (a town of 10,000) has a Visiting Nurse Association (called Nursing Mission), where the two nurses are on call at any hour of the day or night. It sounds like quite a hardship, but according to Mary A. MacKay (Cromwell, Connecticut), who was there for nearly three years, it is very enjoyable work. The irregular hours on duty were necessary because the nurses assisted at confinements and operations. The mother, when in labor, called the doctor first and he called the nurse when it was time for her to assist. If at night, he called for the nurse with his auto and brought her home afterward. The nurses took turns at night work and at being on call in the evenings. During the day, they both kept in close touch with the office and it was very rarely that a nurse could not be secured in time. The regular day started at eight thirty and if the work permitted, and it usually did, both nurses rested from noon until three p. m. and then made their afternoon calls before five thirty. The work was irregular, but it was most interesting, and the appreciation of the patients for care during confinement more than repaid for lost sleep.

COLORADO—The problem of nurses' winter hats has been solved in one Association (Denver) by buying men's soft velour hats. The quality was much superior to that of a similar priced women's hat and they were very becoming. There was a little difficulty in getting the right sizes.

The problem of publicity is an ever present one in western towns where the population constantly changes. At the suggestion of a

Visiting Nurse Association director in Denver, fifteen-minute talks were given to the heads of the different departments in two large department stores. The superintendent nurse gave a brief history of the association, told of the present work, and asked them to tell their employees. Several men said they had always known there was a Visiting Nurse Association, but had not the slightest idea what the work was. One clerk said she thought it was a place where nurses stayed who were visiting in the city.

OUR SAVINGS

The value of the war-savings plan consists not alone in the amount of money which the people of the United States may lend to their Government upon the certificates that are sold, but also in the lesson which will be taught, in the habits of thrift that will be inculcated as a result of it. What this will mean in conserving the resources of America is inestimable. What this will mean in the future economy of America is incalculable.

Victory can only be won by the valor of our soldiers, combined with the intelligent use of our resources. Savings and economy enlarge the available resources of the country for war, and the industry of the people is necessary to put these resources in the form which will enable our soldiers to use them with victorious effect upon the battle fronts.—From speech of Secretary McAdoo.